

Proctor Approval Form

This form is to be completed by the student and proposed proctor at least three (3) weeks prior to the student's first proctored exam. The signed form should be mailed or faxed using the contact information below.

I. Student Information

Student Name: _____ EUP ID#: _____

Semester: Fall _____(yr) Spring _____(yr) Summer _____(yr)

Course Name and #: _____ Date: _____

II. Proctor Information

A proctor must meet one of the following definitions and not be a personal friend or relative of the student, and may not be a current EUP student. Please **check** the proctor definition that best applies.

- A member of the faculty, teaching or administrative, at a regionally accredited college or university.
- An educational administrator at a regionally accredited college, university, or high school.
- A full-time teacher at a regionally accredited high school.
- A librarian at a public or high school library.
- An employee at a learning center or private testing center; the proctor should be the center's director.
- An administrator at a Pennsylvania Community Education Council facility.
- For a student in the military, an officer of higher rank than the student.
- For an incarcerated student, the institution's education officer, librarian, or chaplain.

Name: _____ Position: _____

Business/Organization Name: _____

Organization Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____

E-Mail Address: _____

Supervisor/Manager Name & Phone: _____

I have met the above named student and agree to serve as a proctor for this student in accordance with the written instructions provided by the course instructor and Edinboro University of Pennsylvania. I confirm that the information on this form is true and complete and that I am not a personal friend or relative of the student, and am not a student myself. I agree to notify the Office of the Dean if any of this information changes while I am serving as a proctor. I agree that my proctor information may be published on the university web site or in other similar media. I agree that Edinboro University may contact my supervisor/manager to verify my employment.

Proctor's Signature: _____ Date: _____

Please mail or fax the following: **(a) this completed form, and (b) a photocopy of the proctor's photo identification (organizational or government-issued) to:** Office of the Provost, Reeder Hall, Edinboro University of PA, Edinboro, PA 16444. Phone: 814-732-2729, Fax: 814-732-2600.